U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandalory under PIL 86-257 as amended Failure to comply may result in command prosecution. fines or civil penalties as provided toy 29 U.S.C. 439 or 440

Fo	r Official Use Only
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3 Name and address of person filing

1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

/ ///2004 Through 12/31/2004

4 Name file number and address of labor organization

Name JAMES KEILY WEEMS JR	Name SOUTH CENTERAL CARRENTERS REFIONAL COUNCIE Labor Organization File Number 540 - 916				
PO Box Bidg Room No If any	P°O Box Building and Room Number if any				
Street 1406 W. NOSOR OR	Street 5.532 GaS+CI, FF INDUSTORAL				
City TOS COMB , A -	City BIRM. Nghan				
State ALABAM A ZIP Code + 4 35674	State ALAGAMA ZHP Code + 4 35210				
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest Transaction or Income				
Name					
Trade Name if any					
PO Box Bldg Room No If any	7 lb. Amount.				
Street					

Signatume

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law ,that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)

Signed Jam K Welson J

ZIP Code + 4

On 8-12-05

205-836-0170

Date

Telæphone Number

City

State

Name of Person Filing JAMES Ke	my wo	OMS	で '	File Number U	540	916		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested								
8 Name and address of Business (including trade r	9 Business deats with							
Name			a Labor Organization					
Trade Name If any			b Trust					
PO Box Bldg Room No If any			c Employer					
Street								
State ZIP	Code + 4							
10 If 9 b or 9 c is checked give trust or employer's name			11 a Nature of such dealling					
Name								
Trade Name If any								
PO Box Bldg. Room No. If any								
Street City			111 b Approximate dollar value of such dealing 12 a Nature of interest held or income received					
	Code + 4		*2 9 Haiting Of Hillerie 21 III	en or moune rec	Eived			
			12 b Amount	<u>O</u>	<u> </u>			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value								
13 a Name and address of Employer or Labor Re (including trade name if any)	elations Consultant	+ -	-14 a Nature of payment.					
Name								
Trade Name if any								
PO Box Bidg Room No If any								
Street								
City	Codo : 4							
State ZIF	Code + 4		141.					
13 b Is the Business an Employer	or Consultant	?	14 b Amount of paymen	NC.				